



Office of Statewide Health Planning and Development
State of California – Health and Human Services Agency



Healthcare Workforce and Community Development

1600 9th Street, Room 440
Sacramento, California 95814
(916) 653-0733
Fax (916) 654-3138
oshpd.ca.gov/hwcdd

Arnold Schwarzenegger, Governor

HPSA and MUA/MUP Designation Spring 2006 Training Workshop & Technical Assistance Dates

BURLINGAME

***March 9-10, 2006**

Thursday - Friday

9:00 a.m. to 4:00 p.m.

**([RSVP](#) to OSHPD by Feb 17, 2006)/[Agenda](#)*

DoubleTree Hotel San Francisco Airport

835 Airport Boulevard,
Burlingame, CA 94010

Toll Free Reservations: (800) 222-8733

Hotel Direct: (650) 344-5500

<http://doubletree.hilton.com/en/dt/hotels/index.jhtml?ctyhocn=SFOAODT>

(Note: Room must be reserved by **March 3, 2006** to ensure the "OSHPD Group" rate of \$110.00)

MENDOCINO

****March 28-29, 2006**

Tuesday-Wednesday

9:00 a.m. to 4:00 p.m.

**([RSVP](#) to OSHPD by March 10, 2006)/[Agenda](#)*

Hill House Inn – Rick's of Mendocino

10701 Palette Drive

Mendocino, CA 95460

Toll Free Reservations: (800) 422-0554

Hotel Direct: (707) 937-0554

<http://www.hillhouseinn.com/>

(Note: Room must be reserved by **February 24, 2006** to ensure the "OSHPD Group" rate of \$110.00)

*Pursuant to the Americans with Disabilities Act, reasonable efforts will be made to accommodate persons with disabilities. [Requests](#) for accommodation are appreciated at the time of the RSVP but can be requested as late as five working days prior to scheduled meeting date.

"Equitable Healthcare Accessibility for California"

CALIFORNIA COOPERATIVE AGREEMENT SHORTAGE DESIGNATION PROGRAM
THIRTEENTH (13th) ANNUAL HPSA AND MUA/MUP DESIGNATION TRAINING

Please RSVP for Burlingame no
later than **February 17, 2006**

Please RSVP for Mendocino
later than **March 10, 2006.**

BURLINGAME

_____ **Yes**, I plan to attend the HPSA and MUA/MUP
Designation Training on **March 9 & 10, 2006** in
Burlingame.

Attendee's Name: _____

Professional Title: _____

Organization: _____

Address: _____

Phone Number: _____

E-mail Address: _____

_____ **No**, I cannot attend. Please forward training
materials.

(Provide complete information above.)

MENDOCINO

_____ **Yes**, I plan to attend the HPSA and MUA/MUP
Designation Training on **March 28 & 29, 2006** in
Mendocino.

Attendee's Name: _____

Professional Title: _____

Organization: _____

Address: _____

Phone Number: _____

E-mail Address: _____

_____ **No**, I cannot attend. Please forward training
materials.

(Provide complete information above.)

Please send all RSVPs to the attention of Pat Coyle.

e-mail: pcoyale@OSHDPD.ca.gov

Fax: (916) 654-3138

Mailing Address: OSHPD/HWCDD
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Sacramento, CA 95814